March 5, 2009

To: Senators

RE: SB 234, the autism insurance bill, aka "Brandon's Bill"

Dear Senators;

I am sorry that circumstances would not allow me to be with you today, in person. However, I feel that what I have to say is **very important** for you to fully understand the impact of Senate Bill 234 on fiscal management of the State of Montana as well as the lives of those who are impacted when a child is born with autism.

I have maintained board certification in applied behavior analysis since 1988 when I worked in a state-operated residential institution, ICF/MR, for individuals with developmental disabilities in Florida. Since then, I worked 22 years in public schools as a special educator and behavioral specialist. I have a doctoral degree, and I am currently employed at Montana State University-Billings as an assistant professor of Special Education. I am not here to promote myself or my employer.

Here are my two talking points:

1. How fiscally responsible is early intervention therapy in regard to the state's general budget and resources?

At the Florida institution in the 1980s, I worked with adults who had severe retardation and autism. Many of my clients had been institutional residents since the age of two or three, when they were left to be "wards of the state" by their parents during the 1950s and 1960s. This was a normal course of action back then. The individuals in my caseload exhibited extreme levels of aggression and self-injury (for example many clients engaged in head banging, eye-gouging, slapping and biting oneself); In this setting, quality of life was an important issue. For my clients, I wrote behavioral treatment programs and ordered restraints in crisis situations.

From an operational point of view, the residential institution was never adequately funded or staffed. The costs associated with the care and treatment of these individuals was very high and the state incurred these expenses in their operating budget. Some problems related to round-the-clock care were: (a) maintaining and retaining three shifts of direct care staff on low wages and in dangerous working conditions, (b) recruiting a variety of qualified professionals (teachers, therapists, psychologists, dietitians, and medical personnel), and (c) finding skilled maintenance workers who made constant repairs to the buildings. This residential institution housed over 500 clients, and at one point, it had as many as 850 residents. In the state of Florida there were five such facilities, called "Sunland Centers". They were expensive to operate, inadequately maintained, under-staffed, and the conditions were often dangerous for both staff and residents.

I painted this picture of residential-institutional care in order to make a point. **The residents of the institution did not have access to early intervention treatment as we**

know it today. In the 1950s, resident clients were warehoused in cribs and caged beds with 40 to 50 infants and toddlers to one big day room.

We know so much more now! Early intervention therapies such as applied behavior analysis work to minimize a variety of symptoms in children with autism.

One of the most practiced and scientifically validated therapies for autism spectrum disorder is **applied behavior analysis** (also called ABA or ABA Therapy). Research on this therapy began in 1963 and was formally published as a research study in 1987 by Ivar Lovaas. Applied behavior analysis is supported as an early intervention treatment by the National Research Council's report: *Educating Children and Youth with Autism*, the US Surgeon General, and several well-known researchers in the field of autism.

Lovaas's studies have determined that roughly half of those children who underwent intensive ABA therapy at early ages (ideally before 3.5 years of age, but up to 7) and followed the program for a minimum of 2 years at 30-40 hours a week **were able to enter kindergarten and primary school grades with minimal additional support.**

Can you imagine the reduction in the numbers of residents in state-operated institutions in the 1950s if these children had the opportunity to engage in early intensive behavioral therapy? Many institutionalized individuals might have been able to function in public and private schools in our communities as they exist now.

Early intervention therapies work! The associated costs for therapy must be supported by private insurance companies so that there is a minimal impact on the state's fiscal resources.

2. Where will all these therapists come from?

Insurance companies have systems for approving providers. In regard to trained therapists (occupational therapy, physical therapy, speech/language therapy), state licensure is usually all that is required. In the case of applied behavior analysis, a licensed clinical psychologist or mental health professional who has training, coursework, and experience in applied behavior analysis can qualify. A person with certification from the Behavior Analysis Certification Board (www.bacb.com) would also qualify as a provider. Licenses are required by states, but insurance companies examine clinical experience, university preparation (coursework) and degrees.

I can report to you that Montana is developing the technical training and university coursework required for certification in applied behavior analysis. While I cannot comment further on this topic because I am a state university system employee, you should rest assured that the university system is willing and able to take on the task of training and preparing behavior analysts.

Kind regards,

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